



Consent form for a genetic analysis

I,
surname, name (in block letters)

born on....., confirm that I was informed by

Dr.
surname, name of doctor (in block letters)

according to § 69 GTG concerning nature, consequences, significance, and potential sources of errors of the intended genetic analysis, as well as the risks of the medical intervention. I agree that

- chromosomal analysis / FISH (sodium-heparin blood)
- molecular-genetic analysis* / array (EDTA blood)

is carried out on a sample taken from myself / my daughter / my son / a person under my guardianship (please delete where inapplicable)

....., born on.....
surname, name (in block letters)

with respect to suspicion / clarification of

.....
(e.g. disease / locus of the gene / nature of clarification / nature of analysis)

* Prior to examination the optimal diagnostic procedure [Sanger Sequencing, NGS (Next-Generation-Sequencing), MLPA-Analysis, Fragment Analysis, Array-CGH Analysis] is selected. In the case of NGS-analyses, a change in the genetic panel selected in the inquiry is possible.

I am aware that I can terminate the examination at any time without giving reasons and / or abstain from the notification of the results. In this case the findings remain with the above mentioned institute.

Password for further inquiries:.....
(obligatory for inquiries by telephone!) Please write legibly in BLOCK LETTERS

Data protection:

I prohibit that the result of the genetic analysis is documented in doctor’s reports, case histories, and electronic diagnosis-detection systems, except for letters and files from the human-genetic institute performing the examination (§71 GTG).

Findings reports:

A summary of the findings is sent to my attending physician / the referring physician. If the consultation was held at a human-genetic institute, a summary of the findings is also sent to myself (§71 GTG).

I permit additional transmission of a summary of the findings to the following physicians:

.....,

(name of the physician)

location

.....,

(name of the physician)

location

Scientific analyses:

I give permission that the samples taken or the whole set of collected data may also be used in an anonymized way for scientific analyses, which contribute to the elucidation of pathogenesis and / or the advancement of diagnostic and therapeutic possibilities.

.....
place, date, signature of patient

.....
place, date, signature of consulting physician

According to §69 of the Austrian Gentechnikgesetz, genetic analyses types 2, 3, or 4, including a genetic analysis during prenatal diagnostics, may only be performed following a written confirmation by the patient. The patient has to be informed beforehand by a doctor of medical genetics or a specialist in this field of indication about the nature, consequences, and significance of the analysis and has to agree voluntarily to the genetic analysis. If these examinations are conducted prenatally, information and consent must also include potential risks of the intended medical intervention. Thus we kindly ask you to return the completed and signed form to us.